

# Appendix of Forms

## Form 1. Notice of Appeal to a Court of Appeals From a Judgment or Order of a District Court

United States District Court for the \_\_\_\_\_

District of \_\_\_\_\_

File Number \_\_\_\_\_

A.B., Plaintiff	)	
	)	
v.	)	Notice of Appeal
	)	
C.D., Defendant	)	

Notice is hereby given that (here name all parties taking the appeal),  
(plaintiffs) (defendants) in the above named case\*, hereby appeal to the United  
States Court of Appeals for the \_\_\_\_\_ Circuit (from the final judgment) (from an  
order (describing it)) entered in this action on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

(s) \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address: \_\_\_\_\_

\* See Rule 3(c) for permissible ways of identifying appellants.

**Form 2. Notice of Appeal to a Court of Appeals  
From a Decision of the United States Tax Court**

UNITED STATES TAX COURT  
Washington, D.C.

A.B., Petitioner )  
 )  
v. ) Docket No. \_\_\_\_\_  
 )  
Commissioner of Internal )  
Revenue, Respondent. )

Notice of Appeal

Notice is hereby given that (here name all parties taking the appeal\*)  
hereby appeal to the United States Court of Appeals for the \_\_\_\_Circuit from (that part  
of) the decision of this court entered in the above captioned proceeding on the  
\_\_\_\_\_day of \_\_\_\_\_, 20\_\_ (relating to \_\_\_\_\_).

(s) \_\_\_\_\_  
Counsel for \_\_\_\_\_  
Address: \_\_\_\_\_

\* See Rule 3(c) for permissible ways of identifying appellants.

\* \* \* \* \*

**Form 3. Petition for Review of Order of an Agency, Board, Commission or  
Officer**

United States Court of Appeals for the \_\_\_\_\_ Circuit

A.B., Petitioner )  
 )  
v. ) Petition for Review  
 )  
XYZ Commission, Respondent )

(here name all parties bringing the petition)\* hereby petition the court for  
review of the Order of the XYZ Commission (describe the order) entered on \_\_\_\_\_,  
20\_\_\_\_.

(s) \_\_\_\_\_  
Attorney for Petitioners  
Address: \_\_\_\_\_

\* See Rule 15

**Form 4. Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis**

**United States District Court for the \_\_\_\_\_ District of \_\_\_\_\_**

**A.B., Plaintiff**

**v.**

Case No. \_\_\_\_\_

**C.D., Defendant**

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C § 1621.)

Signed: \_\_\_\_\_

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: \_\_\_\_\_

**My issues on appeal are:**

- (a) For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$_____	\$_____	\$_____	\$_____
Self-employment	\$_____	\$_____	\$_____	\$_____
Income from real property (such as rental income)	\$_____	\$_____	\$_____	\$_____
Interest and dividends	\$_____	\$_____	\$_____	\$_____

Gifts	\$_____	\$_____	\$_____	\$_____
Alimony	\$_____	\$_____	\$_____	\$_____
Child support	\$_____	\$_____	\$_____	\$_____
Retirement (such as social security, pensions, annuities, insurance)	\$_____	\$_____	\$_____	\$_____
Disability (such as social security, insurance payments)	\$_____	\$_____	\$_____	\$_____
Unemploy- ment pymts.	\$_____	\$_____	\$_____	\$_____
Public- assistance (such as welfare)	\$_____	\$_____	\$_____	\$_____
Other (specify):_____	\$_____	\$_____	\$_____	\$_____
<b>Total monthly income:</b>	\$_____	\$_____	\$_____	\$_____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$\_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
_____	_____	Make & year: _____
_____	_____	Model: _____
_____	_____	Registration #: _____
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: _____	_____	_____
Model: _____	_____	_____
Registration #: _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$_____	\$_____
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$_____	\$_____
Home maintenance (repairs and upkeep)	\$_____	\$_____
Food	\$_____	\$_____
Clothing	\$_____	\$_____
Laundry and dry-cleaning	\$_____	\$_____
Medical and dental expenses	\$_____	\$_____
Transportation (not including motor vehicle payments)	\$_____	\$_____
Recreation, entertainment, newspapers, magazines, etc.	\$_____	\$_____
Insurance (not deducted from wages or included in Mortgage payments)	\$_____	\$_____
Homeowner's or renter's	\$_____	\$_____
Life	\$_____	\$_____

Health	\$_____	\$_____
Motor Vehicle	\$_____	\$_____
Other: _____	\$_____	\$_____
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$_____	\$_____
Installment payments	\$_____	\$_____
Motor Vehicle	\$_____	\$_____
Credit card (name): _____	\$_____	\$_____
Department store (name): _____	\$_____	\$_____
Other: _____	\$_____	\$_____
Alimony, maintenance, and support paid to others	\$_____	\$_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$_____	\$_____
Other (specify): _____	\$_____	\$_____
<b>Total monthly expenses:</b>	<b>\$_____</b>	<b>\$_____</b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☐ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form?

Yes ☐

No ☐

If yes, how much? \$\_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

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11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes                      ☐ No

If yes, how much? \$\_\_\_\_\_

If yes, state the person's name, address, and telephone number:

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12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

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Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_ Your years of schooling: \_\_\_\_\_

Your social-security number: \_\_\_\_\_



**Form 5. Notice of Appeal to a Court of Appeals from a Judgment or Order of a District Court or a Bankruptcy Appellate Panel**

United States District Court for the \_\_\_\_\_

District of \_\_\_\_\_

In re	)	
	)	
_____	)	
Debtor	)	
	)	
_____	)	
Plaintiff	)	File No. _____
	)	
v.	)	
	)	
_____	)	
Defendant	)	

Notice of Appeal to United States Court of Appeals for the \_\_\_\_\_ Circuit

\_\_\_\_\_, the plaintiff [or defendant or other party] appeals to the United States Court of Appeals for the \_\_\_\_\_ Circuit from the final judgment [or order or decree] of the district court for the district of \_\_\_\_\_ [or bankruptcy appellate panel or the \_\_\_\_\_ circuit], entered in this case on \_\_\_\_\_, 20\_\_ [here describe the judgment, order, or decree]\_\_\_\_\_.

The parties to the judgment [or order or decree] appealed from and the names and addresses of their respective attorneys are as follows:

Dated \_\_\_\_\_  
Signed \_\_\_\_\_  
Attorney for Appellant  
Address: \_\_\_\_\_  
\_\_\_\_\_

(As added Apr. 25, 1989, eff. Dec. 1, 1989; Apr 1, 1993, eff. Dec. 1, 1993, eff. Dec. 1, 1994.)

**Form 6. *Civil Appeals Docketing Statement***

Form available from the Clerk of Court at (415) 556-9800  
and also on our website at: [www.ca9.uscourts.gov](http://www.ca9.uscourts.gov).

*Please see  
pages 185 & 186 for text.*



USCA DOCKET # (IF KNOWN)
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**UNITED STATES COURT OF APPEALS FOR THE  
NINTH CIRCUIT  
CIVIL APPEALS DOCKETING STATEMENT**

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

<b>TITLE IN FULL:</b>	DISTRICT: _____ JUDGE: _____	
	DISTRICT COURT NUMBER: _____	
	DATE NOTICE OF APPEAL FILED: _____	IS THIS A CROSS-APPEAL? <input type="checkbox"/> YES
	IF THIS MATTER HAS BEEN BEFORE THIS COURT PREVIOUSLY, PLEASE PROVIDE THE DOCKET NUMBER AND CITATION (IF ANY): _____	
<b>BRIEF DESCRIPTION OF NATURE OF ACTION AND RESULT BELOW:</b>		
<b>PRINCIPAL ISSUES PROPOSED TO BE RAISED ON APPEAL:</b>		
<b>PLEASE IDENTIFY ANY OTHER LEGAL PROCEEDING THAT MAY HAVE A BEARING ON THIS CASE (INCLUDE PENDING DISTRICT COURT POST- JUDGMENT MOTIONS):</b>		
<b>DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:</b> <input type="checkbox"/> Possibility of settlement <input type="checkbox"/> Likelihood that intervening precedent will control outcome of appeal <input type="checkbox"/> Likelihood of a motion to expedite or to stay the appeal, or other procedural matters (Specify) _____ _____ <input type="checkbox"/> Any other information relevant to the inclusion of this case in the Mediation Program _____ _____ <input type="checkbox"/> Possibility parties would stipulate to binding award by Appellate Commissioner in lieu of submission to judges		

**LOWER COURT INFORMATION**

Page 2 of 2

JURISDICTION		DISTRICT COURT DISPOSITION	
FEDERAL	APPELLATE	TYPE OF JUDGMENT/ORDER APPEALED	RELIEF
<input type="checkbox"/> Federal Question <input type="checkbox"/> Diversity <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Final Decision of District Court <input type="checkbox"/> Interlocutory Decision Appealable As of Right <input type="checkbox"/> Interlocutory Order Certified by District Judge (Specify): <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Default Judgment <input type="checkbox"/> Dismissal/jurisdiction <input type="checkbox"/> Dismissal/merits <input type="checkbox"/> Summary Judgment <input type="checkbox"/> Judgment/court Decision <input type="checkbox"/> Judgment/jury Verdict <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Judgment as a Matter of Law <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Damages: Sought \$ _____ Awarded \$ _____ <input type="checkbox"/> Injunctions: <input type="checkbox"/> Preliminary <input type="checkbox"/> Permanent <input type="checkbox"/> Granted <input type="checkbox"/> Denied  <input type="checkbox"/> Attorney Fees: Sought \$ _____ Awarded \$ _____ <input type="checkbox"/> Pending <input type="checkbox"/> Costs: \$ _____

**CERTIFICATION OF COUNSEL**

**I CERTIFY THAT:**

1. Copies of Order/Judgment Appealed Form Are Attached.
2. A Current Service List or Representation Statement With Telephone and Fax Numbers Are Attached (See 9th Cir. Rule 3-2).
3. A Copy of This Civil Appeals Docketing Statement Was Served in Compliance with FRAP 25.
4. I Understand That Failure to Comply With These Filing Requirements May Result in Sanctions, Including Dismissal of This Appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COUNSEL WHO COMPLETED THIS FORM**

NAME:

FIRM:

ADDRESS:

E-MAIL:

TELEPHONE:

FAX:

**\*This Document Should Be Filed in The District Court With The Notice of Appeal\***  
**\*If Filed Late, it Should Be Filed Directly With the U.S. Court of Appeals\***

**Form 7. Notice Under Ninth Circuit Rule 28-4**

**We certify that all**

- |  |  |
|--|--|
| <input type="checkbox"/> Appellants      | <input type="checkbox"/> Appellants/cross-appellees              |
| <input type="checkbox"/> Appellees       | <input type="checkbox"/> Appellees/cross-appellants              |
| <b>1. Will file a joint</b>              |  |
| <input type="checkbox"/> Opening brief   | <input type="checkbox"/> Opening brief on cross-appeal           |
| <input type="checkbox"/> Answering brief | <input type="checkbox"/> Answering/opening brief on cross-appeal |
| <input type="checkbox"/> Reply brief     | <input type="checkbox"/> Reply/answering brief on cross-appeal   |
|  | <input type="checkbox"/> Cross-appeal reply brief                |

**2. Are responding to a joint or multiple brief.**

We further certify that no previous extensions of time to file this brief or enlargements of brief length have been obtained.

Pursuant to Rule 28-4, the brief's due date will be extended for 21 days and the size enlarged by 5 monotype pages or 1,400 words.

Subsequent briefing will proceed as follows:

- ▶ The answering brief will be due 30 days from service of the joint opening brief.
- ▶ The reply brief will be due 14 days from service of the joint answering brief.
- ▶ The answering/opening brief will be due 40 days from service of the joint opening brief on cross-appeal.
- ▶ The reply/answering brief will be due 30 days from service of the joint answering/opening brief on cross-appeal.
- ▶ The cross-appeal reply brief will be due 14 days from service of the joint reply/answering brief.

\_\_\_\_\_  
Counsel for \_\_\_\_\_

\_\_\_\_\_  
Counsel for \_\_\_\_\_

\_\_\_\_\_  
Counsel for \_\_\_\_\_

Additional sheets may be attached for the signatures of additional counsel.

***THIS NOTICE MUST BE FILED WITH THE COURT AND SERVED ON  
OPPOSING COUNSEL AND ACCOMPANIED BY PROOF OF SUCH SERVICE.***

**7/1/97**

**Form 8. Certificate of Compliance Pursuant to Fed. R. App. P.  
32(a)(7)(C) and Circuit Rule 32-1 for Case Number**

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(see next page) **Form Must Be Signed By Attorney or Unrepresented  
Litigant And Attached to the Back of Each Copy of the  
Brief**

I certify that: (check appropriate option(s))

\_\_1. Pursuant to Fed. R. App. P. 32 (a)(7)(C) and Ninth Circuit Rule 32-1, the  
attached opening/answering/reply/cross-appeal brief is

☐ Proportionately spaced, has a typeface of 14 points or more and contains  
\_\_\_\_\_ words (opening, answering, and the second and third briefs filed  
in cross-appeals must not exceed 14,000 words; reply briefs must not exceed  
7,000 words),

**or is**

☐ Monospaced, has 10.5 or fewer characters per inch  
and  
contains \_\_\_\_\_ words or \_\_\_\_\_ lines of text  
(opening, answering, and the second and third  
briefs filed in cross-appeals must not exceed  
14,000 words or 1,300 lines of text; reply briefs  
must not exceed 7,000 words or 650 lines of text).

\_\_2. The attached brief is **not** subject to the type-volume limitations of  
Fed. R. App. P. 32(a)(7)(B) because

☐ This brief complies with Fed. R. App. P. 32(a)(1)-(7) and is a principal  
brief of no more than 30 pages or a reply brief of no more than 15 pages;

☐ This brief complies with a page or size-volume limitation established by  
separate court order dated \_\_\_\_\_ and is

☐ Proportionately spaced, has a typeface of 14 points or more and  
contains \_\_\_\_\_ words,

**or is**

☐ Monospaced, has 10.5 or fewer characters per  
inch and contains \_\_\_\_\_ pages or \_\_\_\_\_ words  
or \_\_\_\_\_ lines of text.

\_\_3. *Briefs in Capital Cases*

- ☐ This brief is being filed in a capital case pursuant to the type-volume limitations set forth at Circuit Rule 32-4 **and is**
- ☐ Proportionately spaced, has a typeface of 14 points or more and contains \_\_\_\_\_ words (opening, answering, and the second and third briefs filed in cross-appeals must not exceed 21,000 words; reply briefs must not exceed 9,800 words)

**or is**

- ☐ Monospaced, has 10.5 or fewer characters per inch and contains \_\_\_\_\_ words or \_\_\_\_\_ lines of text (opening, answering, and the second and third briefs filed in cross-appeals must not exceed 75 pages or 1,950 lines of text; reply briefs must not exceed 35 pages or 910 lines of text).

\_\_4. *Amicus Briefs*

- ☐ Pursuant to Fed. R. App. P. 29(d) and 9th Cir. R. 32-1, the attached amicus brief is proportionally spaced, has a typeface of 14 points or more and contains 7000 words or less,

**or is**

- ☐ Monospaced, has 10.5 or fewer characters per inch and contains not more than either 7000 words or 650 lines of text,

**or is**

- ☐ **Not** subject to the type-volume limitations because it is an amicus brief of no more than 15 pages and complies with Fed. R. App. P. 32(a)(1)(5).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney or  
Unrepresented Litigant

**Form 9. Application for Attorneys Fees** (Rev. 7/2001)

<i>DESCRIPTION OF SERVICES</i>	<i>HOURS</i>
Interviews & Conferences	
Obtaining & Reviewing Records	
Legal Research	
Preparing Briefs	
Preparing for & Attending Oral Argument	
Other: (specify on additional sheet(s))	
TOTAL Hours Claimed	

*TOTAL COMPENSATION REQUESTED:* \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

A request for an award of attorneys fees must be supported by a memorandum showing that the party seeking fees is legally entitled to them and must be accompanied by Form 9 or a document that contains substantially the same information, along with:

- (1) a detailed itemization of the tasks performed each date and the amount of time spent by each lawyer and paralegal on each task;
- (2) a summary for each lawyer and paralegal of the total hours spent in the categories set forth above;
- (3) a showing that the hourly rates claimed are the prevailing rates in the relevant market; and
- (4) an affidavit attesting to the accuracy of the information submitted.



## United States Court of Appeals for the Ninth Circuit

**BILL OF COSTS**

**Note:** If you wish to file a bill of costs, it MUST be submitted on this form and filed, with the clerk, with proof of service, within 14 days of the date of entry of judgment, and in accordance with Circuit Rule 39-1. A late bill of costs must be accompanied by a motion showing good cause. Please refer to FRAP 39, 28 U.S.C. § 1920, and Circuit Rule 39-1 when preparing your bill of costs.

\_\_\_\_\_ v. \_\_\_\_\_ CA No. \_\_\_\_\_

The Clerk is requested to tax the following costs against: \_\_\_\_\_

Cost Taxable under FRAP 39, 28 U.S.C. § 1920, Circuit Rule 39-1	REQUESTED Each Column Must Be Completed				ALLOWED To Be Completed by the Clerk					
	No. of Docs. *	Pages per Doc.	Cost per Page **	TOTAL COST	No. of Docs.	Pages per Doc.	Cost per Page	TOTAL COST		
	Excerpt of Record									
	Appellant’s Brief									
	Appellee’s Brief									
	Appellant’s Reply Brief									
	Other									
	TOTAL				\$	TOTAL				\$

**Form 10. Bill of Costs - *Continued***

**Other:** Any other requests must be accompanied by a statement explaining why the item(s) should be taxed pursuant to Circuit Rule 39-1. Additional items without such supporting statements will not be considered.

Attorneys fees **cannot** be requested on this form.

\* If more than 7 excerpts or 20 briefs are requested, a statement explaining the excess number must be submitted.

\*\* Costs per page may not exceed .10 or actual cost, whichever is less. Circuit Rule 39-1.

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I, \_\_\_\_\_, swear under penalty of perjury that the services for which costs are taxed were actually and necessarily performed, and that the requested costs were actually expended as listed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Counsel (printed or typed): \_\_\_\_\_

Attorney for: \_\_\_\_\_

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Date: \_\_\_\_\_

Costs are taxed in the amount of  
\$ \_\_\_\_\_

Clerk of Court

By: \_\_\_\_\_, Deputy Clerk

**Form 11. Certificate of Compliance Pursuant to  
Circuit Rules 35-4 and 40-1**

**Form Must be Signed by Attorney or Unrepresented Litigant  
and Attached to the Back of Each Copy of the Petition or Answer**

\_\_\_\_\_  
**(signature block below)**  
\_\_\_\_\_

I certify that pursuant to Circuit Rule 35-4 or 40-1, the attached petition for panel rehearing/petition for rehearing en banc/answer is: (check applicable option)

\_\_\_\_ Proportionately spaced, has a typeface of 14 points or more and contains  
\_\_\_\_\_ words (petitions and answers must not exceed 4,200 words).

**or**

\_\_\_\_ Monospaced, has 10.5 or fewer characters per inch  
and contains \_\_\_\_\_ words or \_\_\_\_\_ lines of  
text (petitions and answers must not exceed 4,200  
words or 390 lines of text).

**or**

\_\_\_\_ In compliance with Fed. R. App. 32(c) and does not exceed 15 pages.

\_\_\_\_\_  
Signature of Attorney or  
Unrepresented Litigant

(New Form 7/1/2000)

**UNITED STATES COURT of APPEALS**  
**for the NINTH CIRCUIT**  
**95 Seventh Street**  
**San Francisco, California 94103**

**Application for Leave to File Second or Successive Petition**  
**Under 28 U.S.C. § 2254 or Motion Under 28 U.S.C. § 2255**

Docket Number \_\_\_\_\_

(to be provided by court)

Petitioner's name \_\_\_\_\_

Prisoner registration number \_\_\_\_\_

Address \_\_\_\_\_

**Instructions - Read Carefully**

- (1) This application, whether handwritten or typewritten, must be legible and signed by the petitioner under penalty of perjury. An original and five (5) copies must be provided to the Clerk of the Ninth Circuit. The application must comply with 9th Circuit Rule 22-3, which is attached to this form.
- (2) All questions must be answered concisely. Add separate sheets if necessary.
- (3) The petitioner **shall** serve a copy of this application and any attachments on respondent and must complete and file a proof of service with this application.
- (4) The petitioner **shall** attach to this application copies of the magistrate judge's report and recommendation and the district court's opinion in any prior federal habeas proceeding under 28 U.S.C. § 2254 or § 2255 or state why such documents are unavailable to petitioner.

**You Must Answer the Following Questions:**

- (1) What conviction(s) are you challenging?

\_\_\_\_\_  
\_\_\_\_\_

(2) In what court(s) were you convicted of these crime(s)?

---

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(3) What was the date of each of your conviction(s) and what is the length of each sentence?

---

**For questions (4) through (9), provide information separately for each of your previous §§ 2254 or 2255 proceedings. Use additional pages if necessary.**

(4) With respect to **each** conviction and sentence, have you ever filed a petition or motion for habeas corpus relief in federal court under **28 U.S.C. § 2254** or **§ 2255**?

Yes ☐ No ☐

(a) In which federal district court did you file a petition or motion?

---

(b) What was the docket number? \_\_\_\_\_

(c) On what date did you file the petition/motion? \_\_\_\_\_

(5) What grounds were raised in your previous habeas proceeding?  
(list all grounds and issues previously raised in that petition/ motion)

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(6) Did the district court hold an evidentiary hearing? Yes ☐ No ☐

(7) How did the district court rule on your petition/motion?

☐ District court **dismissed** petition/motion? If yes, on what grounds?

---

☐ District court **denied** petition/motion;

- ☐ District court **granted** relief;  
if yes, on what claims and what was the relief?
- 

**(Attach copies of all reports and orders issued by the district court.)**

- (8) On what date did the district court decide your petition/motion?
- 

- (9) Did you file an appeal from that disposition? Yes ☐ No ☐

(a) What was the docket number of your appeal? \_\_\_\_\_

(b) How did the court of appeals decide your appeal? \_\_\_\_\_

---

- (10) State concisely each and every ground or issue you wish to raise in your current petition or motion for habeas relief. Summarize briefly the facts supporting each ground or issue.
- 
- 
- 

- (11) For each ground raised, was it raised in the state courts? If so, what did the state courts rule and when?
- 

- (12) For each ground/issue raised, was this claim raised in any prior federal petition/motion? (list each ground separately)
- 
- 

- (13) For each ground/issue raised, does this claim rely on a new rule of constitutional law? (list each ground separately and give case name and citation for each new rule of law) \_\_\_\_\_
- 
-

(14) For each ground/issue raised, does this claim rely on newly discovered evidence? What is the evidence and when did you discover it? Why has this newly discovered evidence not been previously available to you? (list each ground separately) \_\_\_\_\_

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(15) For each ground/issue raised, does the newly discovered evidence establish your innocence? How?

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(16) For each ground/issue raised, does the newly discovered evidence establish a federal constitutional error? Which provision of the Constitution was violated and how?

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(17) Provide any other basis for your application not previously stated.

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Proof of Service on Respondent MUST be Attached.**

**Form 13.**  
**Consent to Electronic Service**  
**Pursuant to Ninth Circuit Rule 25-3.3**

Electronic service shall be accomplished by *(check all that apply)*:

\_\_\_\_\_ Electronic service must be accompanied by simultaneous service by mail or commercial carrier of a paper copy of the electronically served document

**DATED:** \_\_\_\_\_  
 \_\_\_\_\_ Attorney for \_\_\_\_\_  
 (name of party)  
 \_\_\_\_\_ or Pro Se Litigant